

Healthier Indian Mothers and Babies

Following is a summary of a talk that Lucille Woodville, consultant on maternal and child care to the Public Health Service's Division of Indian Health, gave at the 1963 meeting of the United States-Mexico Border Conference in Nogales, Mexico.

The first year of life is full of danger for Indians whether they are born north or south of the United States-Mexico border. Infant mortality and morbidity are still major Indian health problems. In the Indian population, respiratory, digestive, and nutritional disorders claim the highest toll among infants.

Meager family income, isolation, environmental hazards, and cultural differences that preclude easy acceptance of modern medicine and public health services all contribute to the danger. They continue to produce a health status among North American Indians that is about a generation behind that of other Americans.

The Indian birth rate is high, the age group is young, and the average age at death, although lengthening, is still low in comparison with the general population:

	<i>Birth rate per 1,000 live births</i>	<i>Death rate</i>	<i>Average age at death</i>
Indians.....	42. 2	41. 8	42
Alaska natives (Eskimos, Indians, Aleuts).....	48. 6	66. 8	30
United States general population.....	23. 7	25. 3	62. 3

Indian infants fare well during the early weeks of life, but in the period between 1 month of age and the baby's first birthday, the death rate is almost twice as great as that for infants of all races. (The Alaska native rate is more than four times greater.) Twenty-one percent of all Indian deaths in a single year occur among babies less than a year old. Although high, this mortality rate represents progress from a decade ago when the rate was more than three times higher than in the general population. And it

reflects the high priority given to services for mothers and babies.

Maternal and child health activities have produced important results especially in improving the health of the expectant mother and the infant and preschool child. Ninety-four percent of Indian births now take place in hospitals, and there is a greater acceptance of prenatal care, higher attendance at well-baby clinics, and wider response to immunization programs.

Indian health personnel work with Indian tribal councils and their health committees and with individual community leaders to interpret the value of early prenatal care. As a result fewer mothers now come to the hospital for the first time when labor begins.

To promote the concept of healthful living so that each Indian boy and girl will bring to parenthood a healthy body and sound mind, efforts are made to reach adolescents through school, recreation, and community activities.

Parents are helped to understand their children's illnesses and how they can help to prevent them. Studies are made of families of children with a history of repeated hospital episodes to determine reasons for the continued health problems and find ways in which the family can work to prevent them. While still in the hospital, young mothers are taught how to adapt accepted methods of feeding and caring for their new babies to the inadequacies of their homes, and followup calls are made to their homes.

Special studies are now underway on infant mortality, complications of pregnancy, and problems of mental and emotional health.

frontispiece A health station in Supai, Ariz., maintained by the Public Health Service, is visited twice a month by an Indian Health Service doctor and nurse stationed at an Indian health center at Peach Springs, Ariz. They ride the last 12 miles from the top of the canyon to its floor by horseback. In emergencies an Air Force helicopter takes the doctor or nurse to the canyon floor.